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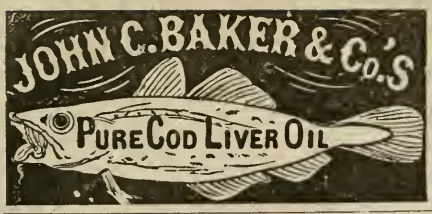

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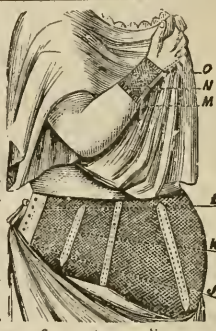

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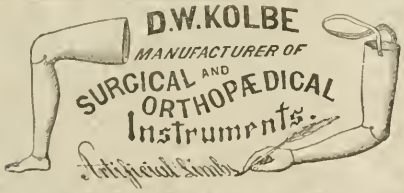

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Professor of Skin Diseases in the Hospital of the University of Pennsylvania, Physician to the Dispensary for Skin Diseases, Philadelphia, etc.

PART I. EMBRACES,

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PSORIASIS.
LUPUS ERYTHEMATOSUS.
SYPHILODERMA (Pustulosum).

Although there has long existed a positive want for an atlas exhibiting the various diseases of the skin, owing probably to the great outlay, as well as to other obvious difficulties inseparable from such an undertaking, no work of this kind has ever been attempted in this country.

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PHILADELPHIA, SEPTEMBER 2, 1876.

ORIGINAL COMMUNICATIONS.

AN INSTRUMENT FOR MEASURING THE FACE AND EYES FOR THE PROPER ADJUSTMENT OF SPECTACLE-FRAMES:

ALSO A DIAGRAM FOR RECORDING CASES OF REFRACTION AND ACCOMMODATION, AND FOR THE PRESCRIBING OF SPECTACLES.

BY P. D. KEYSER, M.D.,

Surgeon to Wills Eye Hospital, etc., etc.

AS spectacle-frames are of no great ornament to the face, the thought has often occurred to me that a little care should be taken in the fitting of them, so that they may look as neat and as well as possible, and not disfigure, as is so frequently the case.

Frames can be adjusted to the face as well as gloves to the hands and shoes to the feet. All that is needed is some arrangement or apparatus by which the width of the face between the temples, the distance between the pupils, and the height and breadth of the bridge of the nose can be measured, so that from these measurements the frames can be sorted or made by the optician that will properly fit.

As a general thing, opticians take very little care about the fit or looks of the frames. All they appear to be interested in is to furnish the required glasses for the eyes.

It is a well-known fact that if the glasses are not properly set before the eyes they do not give the required relief and benefit: now, how can they be correctly adjusted if the frames do not fit the nose and face in such a way as to hold the glasses in their proper positions?

I consider it is not only the business of the ophthalmologist to examine and correct any defect of refraction and accommodation, but also to see that the frames are properly adjusted to the face as well as the glasses to the eyes. By so doing he will often save much dissatisfaction on the part of his patient.

How often do we see persons wearing spectacles the frames of which are either too wide or too narrow for the face, or the bridge either too wide or too narrow, too high or too low for the proper adjustment of the glasses,—so that the axis of the glass, instead of coinciding with the visual axis (as it should do), is to one side, giving prismatic action and causing deviation of the eye!

As all spherical glasses are ground from the centre, the line of vision should pass directly through the axis of the glass, and not be displaced in one or the other direction, to get the proper effect. Otherwise, from the prismatic action of the glass we must obtain a displacement of the object seen through the glass. If two convex glasses are placed too close to one another, the objects are for both eyes displaced more outwards, so that there is less convergence required, giving greater action to the external recti muscles. The reverse is the case if the glasses are placed too far from each other, requiring more strain on the internal recti muscles to converge the eyes.

With concave glasses the opposite course takes place.

It must be remembered that the shorter the focus the thicker the glass and the greater the degree of prismatic action, and the greater the strain upon the muscles if the centre of curvature of the surfaces of the glass does not lie in the same axis with the centres of the surface of the curvature of the eye.

Above all to be avoided is a difference in the height of the axes, which would cause a deviation of the visual line in a vertical direction.

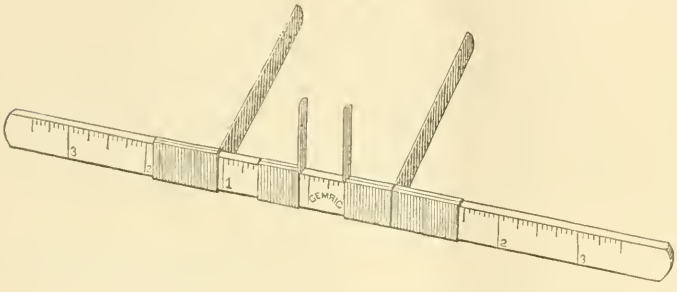
It must not be forgotten that in reading, or in any close work, the eyes converge proportionally to the distance at which the book or work is held. Therefore for such use the frames must be made to hold the glasses somewhat closer to each other than for distant vision.

In cases where strong glasses are required, and the range of accommodation admits of the use of the same glass, two pairs of frames will be necessary, with different adjustment of the position of the glasses; otherwise there will be too much strain on the muscles of the eyeball in close vision.

As it is a well-known fact that the action of prismatic glasses causes deviation of the eyes, one can imagine the continual strain that is kept up on the muscles by the prismatic action of any improperly-adjusted convex or concave glasses.

In using our trial frames with the test-

glasses on our patients, we try to have them so set that the glasses are held in the proper position, *i.e.*, that the axis of the glasses coincides with the visual axis, and from this position we adjust and order the required glasses. And how often have we seen patients disappointed on receiving their glasses from the optician, and which upon examination was found to be caused by the frames not holding the glasses in the proper position before the eyes, as our trial frames did! To guard against these defects, I have had Messrs. Gemrig & Sons, of this city, to make me an instrument by which the distance across the face from temple to temple, and the distance between the pupils, the width of the bridge of the nose, etc., can be accurately measured, so that frames can be made of the corresponding width, and the bridge so arranged that the glasses will be properly adjusted before the eyes. (See wood-cut.)



It is a boxwood bar, eight inches long, seven-sixteenths of an inch wide, two-sixteenths of an inch thick, with four metallic slides, two large and two small. On the lower and inner edge and centre of the bar there is a small groove to rest on the nose, and on the outer face of the bar there is a scale in inches divided into sixteenths, running outward from the centre. The outer slides have long metallic arms two inches in length extending horizontally from the inner surface of the bar, while the two smaller and inner slides have vertical uprights from the upper edge of the instrument, three-fourths of an inch long.

These slides move easily and freely on the bar.

As this instrument is adapted for measuring the face, I know of no better name for it at present than a "Prosoponometer."

Its application is very simple. Place the groove of the bar on the bridge of the nose, and push up the large outer slides until they rest gently on the temples. Then request the patient to look straight out, and move the little slides until the uprights are before the pupils of the eyes. The measures can be seen at once on the scale of the bar.

For nose-glasses, turn the bar upside down, and with the small slides measure the thickness of the nose just where the frames rest and impinge themselves.

From this measure the position of the glasses before the eyes can be seen, and any angles can be accurately determined on the frames for the placing of cylinder lenses therein.

To measure the height of the bridge of the nose, I have a vertical sliding rod in the centre of my trial frames, on which there is a scale that corresponds with the distance of a line from the centre of the eyes to the top of the bridge of the nose, and therefore with the horizontal centre of the glasses to the bridge of the frames.

For the proper recording of cases of refraction and accommodation, as well as to avoid mistakes of the optician in filling orders for spectacles, I have designed a diagram which admits of easy reference and classification (see lithograph attached).

It represents a pair of spectacles with the glasses divided horizontally; the upper halves are marked off in angles of ten degrees of the circle for noting cases of astigmatism, and the lower halves are left plain for the noting of spherical glasses in cases of simple hypermetropia, myopia, or presbyopia, or the hypermetropia or myopia that may be combined with any astigmatism noted in the upper half.

When the grade and angle of the astigmatism are determined in the eye, it is noted by drawing a line out from that angle on the diagram, and the grade with + or — marked on it. Mixed and compound astigmatism can thus be easily recorded.

If there is no hypermetropia or myopia combined, the lower half is left blank, but if such is present the grade is noted therein. Lines are drawn from the outer edges of the diagram and from the centres of the glasses, as well as width and height of the bridge, on which to note the meas-

urements obtained for the size of the frame.

I have two of the diagrams on a sheet, and a number of sheets bound together. One of the blanks I keep as my record of the case, while on the other I make the necessary copy and give the patient to take to the optician.

Messrs. T. A. Wilson & Co., Manufacturing Opticians, Reading, Pa., have had this diagram lithographed and printed for delivery, from whom copies can be had at any time.

THE FASCIA LATA: ITS USE IN STANDING AT REST; ITS VALUE IN THE DIAGNOSIS OF FRACTURE OF THE NECK OF THE FEMUR.

BY OSCAR H. ALLIS, M.D.,

Surgeon to the Presbyterian Hospital.

THE problem of standing and at the same time placing the muscles of the lower or hinder extremities at rest, is one beautifully wrought out in the higher order of animals. Those whose bodies are near the ground, and upon which the necessity of lying down and rising again entails no inconvenience, have no need of such a rest. But the larger and more useful animals would suffer great inconvenience and great fatigue if they had no other way of resting than by lying down. Take the horse for instance. Farriers relate of some of them that they have never been known to lie down; that neither the bedding nor the body of the animal has shown at any time evidence of his lying, night or day. And, what is quite as remarkable, they say that horses accustomed to lie down will never do so when they are sick; and that when a sick horse lies down it is very likely never to rise again.

The remarkable feature of this will be somewhat cleared up if we will but note the attitude of the horse when *resting*. The fore part of the body lies as in a swing supported by large strong muscles, and when the horse is resting these relax until their fasciæ and sheaths become supporting tendons. A horse is *not so tall* when he is asleep or resting as when awake and active. This may be verified by taking the measurement at the shoulders when he is quiet and at rest, and a second measurement after *waking him up with a blow from the whip*.

But it is to the hind legs of the horse that I would call attention, as there is a strong analogy between the manner of standing at rest in the lower animals and in man. If you notice the horse you will see that he throws the weight of the hinder part of his body on one leg, while he seems to balance himself by resting the other limb on the tip of the hoof. In a few moments he changes his position, throwing the weight upon the other limb. Thus the entire body is rested almost as perfectly and completely as in lying down. Such an arrangement for resting while in the erect posture is possessed by man, though not to the same degree. I have merely directed attention to the most familiar illustration, that in the case of man it might be the better understood.

When we wish to rest ourselves in the erect posture, we first balance the lower extremity upon the foot. This done, we lock the knee-joint *after the fashion of a carriage-top hinge*. With the limb balanced on the foot and the knee locked, we cast the body a little to one side, when we experience a sudden arrest of the body. One thing more, and the act is complete. The unoccupied limb is cast a little in front and away from its fellow, as if to poise or balance the body, and we are at rest *absolutely* so far as the muscles of locomotion are concerned. We remain in this position until a sense of weariness comes over us, when we change the limbs and reverse the attitude. Sometimes we vary this by leaning the body against some firm object, but in all these positions the muscles of locomotion are unemployed. In this *resting* posture a portion of the fascia lata takes the place of the muscles in sustaining the body, giving the latter the rest we instinctively avail ourselves of.

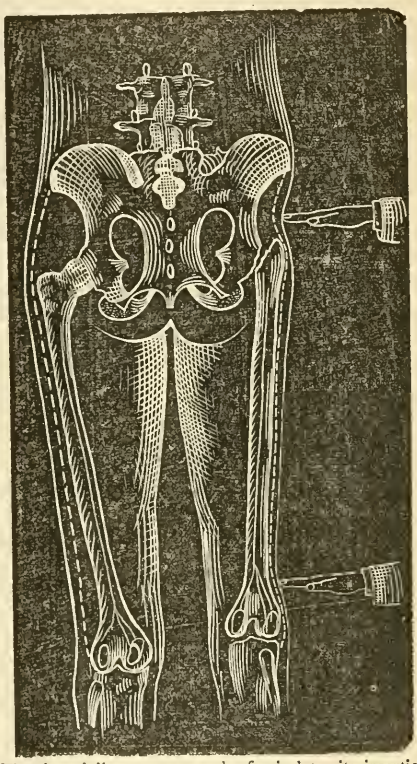
This fascia lata forms a sheath for all the muscles of the thigh, binding them up in groups, and bringing them into immediate harmony with one another and the femur. Its thinnest portion is at the inner aspect of the thigh where it forms the deep fascia of the adductors. It is much stronger in the sheaths formed for the special muscles of locomotion,—*i.e.*, the flexors and extensors. To enable these muscles to act at greatest advantage, this fascia can be made tense by two strong muscles, the tensor vaginæ femoris and gluteus maximus, so that whenever we stand erect, walk, or run, these two muscles are chiefly concerned in

regulating the tension of the femoral aponeurosis. One can easily verify the accuracy of this if while walking or standing he will place his hand upon the outer side of the knee, just above the articulation. Here he will find a strong firm tendon, attached to the outer tuberosity of the tibia, that will harden with each step, and become especially prominent.

This tendon-like structure, which is so prominent in the erect but which almost disappears in the sitting posture, is a portion of the fascia lata. If one will carefully trace upward this tendon, he will find that it extends to the crest of the ilium, and in its course passes over the great trochanter. This portion of the fascia lata is the strongest, firmest, and thickest of any part of it, and there is a special reason for its great strength. When a person is obliged to stand for any length of time, he finds himself resting on one limb. This resting is in no respect a muscular act, but is accomplished by *pressing the great trochanter against this thickest part of the fascia lata.* If the reader is in the least skeptical upon this point, let him stand up and, resting himself upon one limb, feel the tendon on the outer side of the knee. Let him change to the other limb and see how prominent the corresponding structure becomes. Let him do this quickly, throwing his weight alternately upon one and the other limb, and *notice the suddenness* with which he is arrested. *If this were muscular, the rest would not be so complete. If muscular, the stoppage would not be so sudden. If muscular, I could not verify the experiment upon the cadaver,* as I have often done. All that is necessary is to secure the knee in splints, and the resting attitude can be perfectly counterfeited in the cadaver.

It will thus be seen that when standing *erect*, walking, or running, the act is purely *muscular*, but that man, like the lower animals, has a means of resting himself while in the upright position.

This curious and beneficent provision can be turned to good account in fracture of the neck of the thigh. Let the patient stand before you resting his hands upon a table or chair. Notice that his *limbs are parallel, and that both feet rest symmetrically upon the floor.* Now, if there is fracture of the neck, the fascia lata will be tense upon the side of the sound limb, but the *tensor muscles* have no firm *point of resistance* in the fractured one, and cannot make this femoral fascia tense, as in the other limb. Owing to this the examiner will find that the fascia will offer no resistance to an examination of the head of the great trochanter, as it does in the sound state, but is lax, and can be easily indented. (See figure.) He will also notice that the tendon on the outer side of the knee (see figure) will possess no corresponding prominence with that of the sound limb.



The dotted line represents the fascia lata, its insertions, and manner of passing over the great trochanter. In the right limb the fingers indicate the points where it is most lax in case of fracture.

It is necessary that the patient stand while this observation is being tested, for in the erect posture the fascia lata lends its support to the other muscles. In the reclining posture all the muscles are at rest, and hence this feature disappears.

This matter has been under observation for two years, and I am satisfied from repeated verifications that it possesses diagnostic value.

In dislocations the limbs can *never* assume parallelism. The injured limb must *always* stand off from its fellow. Hence I have been particular to state that the

observer should note that the limbs are parallel, and that both feet rest symmetrically upon the floor.

One other point of some value. Let the patient lie on his belly. Tell him to press the pelvis into the bed,—*i.e.*, to hug the bed. In doing this the great gluteus of the sound limb will make a great dimple, but, owing to the shortening of the limb and the want of resistance on the part of the femur, this dimple will be absent on the fractured side.

1338 Spruce St., Philada.

POISONING BY MORPHIA.

REPORTED BY DR. A. P. HULL.

ON Wednesday, the 12th, at one P.M., I was called to see a child, six weeks old, that had been given by mistake, at ten in the morning, a half-grain of sulphate of morphia.

I found every evidence of opium-poisoning: stertorous breathing, pupils contracted, a slow, laboring pulse, dark color of the countenance, and an almost total insensibility to external impressions.

Being too late to accomplish anything by evacuating the stomach, I ordered the nurse to arouse the child as much as possible, apply mustard cataplasms to its spine and feet, and to administer large doses of atropia internally. At six P.M. the condition of the child had not apparently changed.

On seeing it again at midnight, its condition had greatly improved, breathing had become quiet and regular, pupils had dilated, and the child had become more sensible to external impressions. At two in the morning it began to cry, and took its milk quite freely. Although it slept nearly all the next day, it was finally fully aroused, and has suffered no apparent bad effects since from the overdose. I feel confident the atropia did much towards counteracting the effects of the opium.

Montgomery, July 25, 1876.

AN INTERESTING CASE.

BY A. EUGENE SPALDING, M.D.,

Winnebago, Ill.

I WAS called at noon, on April 25, 1876, to see Mrs. C., æt. 45. She complained of having felt languid for a number of days. Found her temperature 99½°, and tongue somewhat furred. For nearly a year she had been in the habit of eating a small piece of charcoal daily, as advised by a quack doctor, for the purpose of "purifying the blood."

Two days previous to my first visit she had epistaxis and a severe chill; had taken several cathartic pills, which had not operated. I ordered three comp. cathartic pills, and visited her again in the evening. Finding there had been no operation from the pills, I then gave her one ounce of Rochelle salts, also enemata of warm water, the latter returning without fecal matter. Nausea and vomiting then began, and recurred at intervals of fifteen minutes during the night, but was free from stercoraceous matter. Syncope occurred frequently. I continued the large injections. These means failing to produce an evacuation, I gave her one ounce of castor-oil. In a few hours a portion of injection came away, with globules of castor-oil floating on the top; in the bottom of the vessel were small, hard, black particles, resembling coal-dust; the injection was of an inky color, but without fecal odor. Calomel, gr. x, followed by one ounce of castor-oil, was then given, which in a short time produced a fecal discharge, yellowish in color and containing more particles of charcoal. Nausea was at once relieved. Temperature in the morning of the 26th, 99¾°; evening, 101¾°.

27th.—Patient passed a comfortable night; tongue red and dry; great thirst; tenderness on deep pressure in right inguinal region. Temperature 105½° in morning, 104° at night.

28th.—Temperature 101¾°; tongue more moist; diarrhœa, ochre-colored liquid stools.

29th.—Tongue becoming glazed; a few rose spots on thorax, tympanites, gurgling, and bowels very loose. Ordered ol. terebinth. gtt. vii in emulsion every four hours.

The temperature from April 30 to May 9, taken in the armpit, morning and evening, is as follows:

Morning.	Evening.
99½°	102°
101°	102½°
102½°	103°
100½°	103°
100½°	102½°
101°	103°
101½°	103¾°
100¾°	103°
101½°	103°

From this time on I kept no record of the temperature, but it was always higher in the evening by one or two degrees. Tympanites was great, and pulse small, ranging from 112 to 120. The stools were loose, ochre-colored, and very offensive. The urine was drawn with catheter twice a day. Treatment consisted of liquid food, as milk, beef-tea, egg-nog, etc.; nitro-hydrochloric acid, emulsion of turpentine, and sulph. copper, gr. one-fourth, when necessary, to check the action of the bowels.

About May 10 the patient began to complain of pain in right hip, which gradually grew more severe. Upon examination, the parts were found swollen over and above the crest of ilium. The limb was kept in a flexed position, the patient complaining of severe pain when an attempt was made to straighten it. Ordered a poultice of flaxseed meal, qui-

nine, liquid food, and stimulants. The swelling gradually increased; became slightly œdematous and very tender to the touch, but there was no redness or fluctuation.

The patient was evidently failing fast, but the other symptoms of cæcal abscess laid down in books did not become manifest. Upon June 1, assisted by Dr. D. S. Clark, of Rockford, and Dr. W. R. Gerhart, of Winnebago (the patient being placed under the influence of Squibb's ether), I made an incision in the lumbar region four inches in length, one-half inch above and parallel with the crest of the ilium, cutting carefully through skin and superficial fascia, inclining the incision inward and downward. When the abdominal muscles were reached at a depth of two inches they were found disorganized. After the incision was made through them, a large quantity of very offensive pus with dark-colored sloughs at once escaped. The discharges were examined carefully, but no foreign body or fecal matter was discovered. The subsequent treatment consisted of tincture of iron, quinine, brandy, and milk. The wound was syringed with carbolized water twice a day; it discharged constantly, but gradually lessened in amount till July 13.

The patient made a complete recovery.

Remarks. — The nature of this case seems to me somewhat doubtful. Cæcal abscess alone could hardly have caused the symptoms, since the fever was quite high. Da Costa (Medical Diagnosis, 3d ed., p. 491) says, "When these abscesses in the right iliac fossa are not combined with disease of the adjoining bowel, they give rise to but slight fever." Was not this typhoid fever complicated with cæcal abscess? The patient had visited a neighbor sick with typhoid fever several days previous to her illness. The evening exacerbation of the fever, epistaxis, and abdominal symptoms all point to that disease. Gross says in his work on Surgery (under the head of Stercoraceous Abscess), "Chills are violent and protracted." Redness in the region of such an abscess is a sign given in many books, when speaking of this subject. After the patient had taken to her bed, she had no chills whatever, and redness was not present. Had I waited for those symptoms to appear before operating, it would undoubtedly have been too late. The symptoms I relied on were swelling, œdema, and position of the limb. As to the cause of the abscess, we can only surmise; it was probably due to the presence of the charcoal she had eaten, causing an obstruction of the cæcum and ulceration of that organ.

NOTES OF HOSPITAL PRACTICE.

ALLGEMEINES KRANKENHAUS, VIENNA.

SERVICE OF PROF. MEYNERT.

Reported by Dr. Lautenbach.

PARESIS OF THE RIGHT OCULO-MOTORIUS AND FACIAL NERVES, FOLLOWING TRAUMA.

G. C., æt. 27, fourteen days ago fell from a second-story window, striking his head on a board, and sustaining such injuries that he lay unconscious several minutes,—exactly how long he does not know,—after which he was able to get up and go home without assistance, and the next morning, with the exception of a severe headache, he seemed to be none the worse for his fall. Several days later, however, ptosis on the right side occurred in connection with the other symptoms of oculo-motorius paresis,—paralysis of the superior, inferior, and internal recti muscles; the external, being supplied by the abducent nerve, remained uninvolved. About the same time paresis of the facial nerve on the right side occurred, and soon after transitory paresis of the left facial nerve and of the left lower extremity occurred.

At the present time the patient presents the following symptoms: inability to raise the right eyelid, which constantly hangs over the eyeball, which latter is constantly directed outwards, he being unable to move it either upwards, inwards, or downwards. The left naso-labial furrow is much deeper than the right, the tongue is protruded towards the paretic side, and when the patient shows his upper teeth the left angle of the mouth rises much higher than the right. The paralysis of the right facial nerve is, however, incomplete, its frontal branch remaining unaffected.

The symptoms following traumatic injuries to the brain are due either to hemorrhage or to encephalitis; a basilar hemorrhage, however, would have involved the whole, and not a portion only, of the facial nerve. An encephalitis, on the contrary, is very likely to involve but a portion of its fibres; this and the transitory nature of the left-sided paresis of the facial and of the lower extremity make it almost certain that the process is one of encephalitis. The localization of the lesion presents some difficulty, as the oculo-motorius and the facialis are both affected on the same side, but, as the decussation of the fibres

of the former occurs already in the pedunculus cerebri, while that of the latter occurs in the lower portion of the pons, it is impossible, in the first place, that the lesion involves but one side of the brain, and, secondly, that it involves the roots of the nerve. Were the lesion either above or below the points of decussation, or if the lesion were so extensive as to involve the roots of the nerves, there would have been more nerves involved and other symptoms produced: the lesion must therefore be between the two joints mentioned, but it is impossible that the lesion involves but one side, as lesions of one side here will produce paralysis of the oculo-motorius on the same with paralysis of the facial on the opposite side. The lesion in this case is very likely a superficial encephalitis, situated in the middle between the two pedunculi, extending more to the right than to the left, involving the right oculo-motorius at its point of exit, and either through a continuation of the encephalitic process to, or from pressure by the œdema around the encephalitis on the left side, the right-sided facial palsy and later the paresis of the left oculo-motorius were produced.

The occurrence of multiple lesions can, however, not be excluded, as, for instance, an acute periencephalitis of the frontal lobe would produce the symptoms present in this case, with the exception of the oculo-motorius paresis, which would then have to be due to a second lesion involving the nerve at its point of exit from the brain.

The prognosis is favorable in so far as the paralyzed muscles are concerned, whose recovery may be hastened, after the acute stage is over, by the use of electricity, but the patient runs great risk of becoming an epileptic in a few years. (Reporter, recently, through the kindness of Professor Meynert, saw an interesting case illustrating this: an army officer, while manœuvring his troops, was thrown from his horse and kicked about the head, following which he presented symptoms of concussion, which were so marked as to cause a very distinguished surgeon to give an absolutely fatal prognosis. The officer, however, recovered, and remained well until about two years later (January, 1876), when he began to have attacks of unconsciousness, at first without but later with convulsions. For some time these attacks were kept down by the use of the bromides, but towards the end of May neither these nor any of the other remedies employed—atropine, zinc, hyoscyamia, etc.—had any appreciable effect on the attacks, which increased to such an extent that the last few days of his life the patient had from one hundred and forty to one hundred and sixty attacks daily. At the autopsy a periencephalitis, involving the frontal lobe, was found.)

EPILEPSY FOLLOWING TRAUMA.

On June 6, a man æt. 36 was admitted into the Observation Room. The history which he gives is as follows. In 1868 he was thrown from his horse, striking his head and becoming unconscious. After his wounds healed he was entirely well, with the exception of a creeping sensation in the cicatrix (which is upon the right side near the parietal protuberance, and involves the bone, to which it is adherent), which sensation has continually increased in intensity until the present time. Three years after the injury he had an attack of typhus, and two years later he is said to have had a second attack. Following the first typhus, he suffered from attacks of momentary unconsciousness without convulsions, but after the second so-called typhus the attacks became more intense, and were associated with convulsions, which latter involve, almost exclusively, the left side of the body, and with these convulsions there is a tendency to turn towards the left; when free from an attack there is also a slight tendency to turn to the left in preference to the right side. Since the attacks of typhus the cicatrix causes him more pain than previously, and is especially sensitive immediately preceding the attack, the attack commencing in his feeling a blow at this point.

The disposition to the attacks, in this case, was produced by the trauma, the exciting cause being the first typhus, following which he had attacks of petit mal. What he calls his second typhus was, from his description,—ill two weeks, during which time he was delirious six days,—very probably an attack of epileptic delirium, following which he has had attacks of grand mal.

Professor M. explains the manner in which epilepsy was produced in this case, as follows. Proceeding from the cicatrix there is a constant sensation passing to the centre of sensation, which lies near the vaso-motor centrum, which latter is consequently continually irritated. Irritation,

however, produces hyperæmia of the centrum, but hyperæmia of the vaso-motor centrum is epilepsy. The "epileptic convulsion" is produced by the hyperæmia producing spasmodic contraction of the blood-vessels. According to the extent of the contractions will the attack be associated with convulsions or not.

Treatment. — Trephining the injured bone would seem to be indicated, but cannot be performed owing to the nearness of the cicatrix to the longitudinal sinus: consequently the operation will be limited to loosening the cicatrix from the bone. As long as the patient takes the bromide (8 grammes daily), his attacks remain absent; but just as soon as he discontinues it they return again.

(It having been very recently shown by Goltz (Pflüger's Arch., 1876, Bd. 13, Hft. 1, S. 23) that when a portion of one hemisphere of a dog is destroyed, the animal makes manège movements towards the injured side, it seems to me very probable that the tendency to move towards the left in the above case was due to a lesion, probably a periencephalitis, involving the left hemisphere.—Rep.)

TRANSLATIONS.

Antiseptic Properties of Borax.—At a recent meeting of the Académie des Sciences (*Bulletin Général de Thérapeutique*, 1876, p. 519), M. Bedoin read the following note. Having taken a bit of fresh meat, weighing 15 to 20 grammes, he divided it into two equal portions, which he placed in two thoroughly cleansed flasks of the same capacity (nearly 200 grammes). One of these flasks he filled to two-fifths of its capacity with river-water, while he poured into the other an equal quantity of a saturated solution of borax.

These flasks, being tightly corked, were allowed to remain undisturbed for five days and nine hours. At the end of that time their contents were examined and compared, when they were found to present a very different aspect. The fluid which contained the borax was rose-color, and perfectly limpid and without deposit. The fragment of meat was decolorized and incoherent, so to speak, but not disintegrated. The contents of the other flask were turbid, and had let fall a cloudy deposit of organic matter. This morsel of meat was much more disintegrated than the other. The first flask, when opened, gave no odor; the other had a decidedly ammoniacal smell. It contained, also, bacteria, while the borax solution showed no living organisms, not even vibriones. x.

Composition of Extract of Walnut-Leaves and its Alkaloid (Juglandine). —M. C. Tauret communicates a short article to the *Bulletin Général de Thérapeutique*, 1876, p. 509, giving some account of his experiments upon the active principle of walnut-leaves. M. Tauret has succeeded in isolating a principle which he calls *juglandine*, in spite of this name having already been applied to an indefinite product derived from the rind of the walnut itself. This alkaloid crystallizes in long needles, is tolerably soluble in water, much more easily soluble in alcohol, ether, and chloroform. It becomes rapidly altered when exposed to the air.

M. Tauret suggests that the extract, containing tannin in considerable quantity, as well as chlorophyll, in addition to the juglandine, should be made with alcohol. Distilling the excess of this off until but a small quantity of liquid remains, the last part of the operation can be performed in the open air without fear of decomposition. The alcoholic extract M. Tauret considers superior to the watery extract of Grandval used by M. Luton in his investigations, though the latter is made in a vacuum. In making the alcoholic extract, M. Tauret recommends the employment of fresh leaves and 50° alcohol. x.

Luxation of the Symphysis Pubis and of the Xiphoid Cartilage.—Dr. Gallez (*Le Mouvement Médical*, 1876, p. 361) has communicated the following cases of rare luxations to the *Académie Royale de Médecine de Belgique*:

The first was that of a puddler in an iron-foundry, whose foot slipped as he was attempting to raise a piece of iron weighing some eighty kilogrammes. He felt severe pain at the moment, with a sensation of crepitation, but continued his work for five days, notwithstanding the pain experienced in walking. At the end of that time he consulted Dr. G., who found on palpation that the left pubis was displaced downward, forward, and outward. It formed a tumor under the skin. The left spinous process was half an inch lower than the right. The articular surface looked

forward and outward, its posterior border was on a level with the anterior border of the right descending branch. Flexion and adduction of the thigh showed the pubis movable. There was no bladder-trouble.

The second case was that of a laborer who fell, the epigastrium striking the border of an iron cylinder. He instantly began to experience severe pain, and on being examined a tumor the size of an almond was found in the injured region, connected with the sternum. The pain was severe, and on pressure a clicking sound could be heard. The luxation could be reduced, but immediately recurred. The displaced cartilage was finally kept in place by means of compresses and strips of diachylon, and the patient returned to his work a few days later. X.

Noma treated by Scraping (Popper: *Pested Med.-Chir. Presse*, 1875, No 47).—The patient, a girl aged 17 years, was attacked with a painful affection of the inner surface of the cheek, which was soon followed by swelling and the emission of an offensive odor. At the expiration of four weeks there was a penetration of the cheek, due to gangrene, and the orifice thus caused was surrounded by œdemation which felt like a board. Without the use of an anæsthetic, all the dangerous portions were scraped away with an ordinary tin spoon, and the fresh surfaces thus caused dressed with charpie saturated with pure creasote. During the succeeding days some crusts were scraped from the granulating surfaces, and at the end of four weeks there was complete health, with a strikingly small amount of deformity.

W. A.

Left Spinal Hemiplegia, due to Unilateral Compression of the Inferior Segment of the Cervical Cord by a Syphiloma; Cure.—F. Lanzoni (*Le Progrès Médical*, 1876, p. 474; from *Il Morgagni*) gives the case of a soldier 22 years of age, who, after suffering from various cutaneous manifestations of syphilis for some months, began to complain of pain in the cervical region, increased upon the slightest movement of the head, and of periodical sensations of cold in the left arm. This limb was also the seat of painful contractions and progressive loss of power. Soon the symptoms became more severe, torticollis supervened, the left leg became completely paralyzed, while the whole of the right side of the body became anæsthetic. Examination some months after the onset of the attack showed the general health good; intellectual faculties intact; head strongly inclined towards the left shoulder, and turned backward; face directed upward and to the right; muscles on the left side of the neck contracted and rigid; pain, increased upon the slightest pressure, on a level with the sixth and seventh cervical vertebræ; the left eye and the auricle of the same side were redder than those of the opposite side; the right pupil was larger than the left; movements of the eyes normal; deglutition and articulation normal; tongue mobile, not deviated. The diagnosis was:

Left hemiplegia, with muscular atrophy affecting the face and limbs. Diminution of the electric contractility of the muscles. Tactile and thermic hyperæsthesia, and increased sensibility to pain on the right side of the body (face, trunk, and limbs).

Right side.—Enfeeblement of voluntary movement in the arm. Complete loss of tactile sensibility, and considerable diminution of sensibility to heat and pain. The temperature was sensibly higher on the left than on the right side. Pulse and respiration normal. Under antisyphilitic treatment the patient was rapidly cured.

X.

On the Methods of Elimination and on the Elective Action of Quinine.—Under this title Drs. Albertoni and Ciotto contribute the details of certain experiments made by themselves to the *Bull. Gén. de Thérap.*, Nos. 8 and 9, 1876. They show—

1. That the presence of quinine in the bile may be demonstrated in from two to five hours after its introduction into the stomach.

2. The elimination of quinine by this path is quite active, since it is found only two hours after ingestion, and after the ingestion of sixty centigrammes (9 grains) only. It is found also that in the dog it produces, in twenty-four hours, an average secretion of 400 grammes of bile.

3. Though quinine may not be found in the bile, sometimes, until two and a half hours after ingestion by the mouth, this is not against the fact that its proper route for elimination is through the hepatic secretion, since, as is known, this is much less rapid than elimination by the urine.

To MM. Albertoni and Ciotto the positive result that the biliary secretion contains

quinine administered by the mouth appears important. The common mode of entrance of quinine, as of almost all medicines, is by the digestive tube. In the stomach its absorption is favored by the acids present, particularly by the hydrochloric acid, while in the intestine, on the contrary, this is rendered less easy by the alkalinity of the enteric and pancreatic secretions, and still less by the biliary acids which form insoluble combinations with quinine, though these last are soluble in excess of acid. Thus the absorption of quinine in the intestine only takes place sparingly under physiological conditions. Once entered by gastro-enteric absorption into the portal circulation, quinine finds a natural anatomico-physiological route for elimination in the biliary secretion. This fact the experiments of Messrs. A. and C. *positively* demonstrated.

The presence of quinine in the biliary secretion serves to establish the important fact of its *electivity of action*, since it shows how this alkaloid places itself in intimate contact with the hepatic cells, constituting the functionating element of the liver, of which the bile is the complex product of secretory elaboration. Quinine, therefore, introduced by alimentary passages, appears to stop by preference in the liver and in the spleen.

As regards the question whether quinine introduced into the circulation by other routes than by the portal system is eliminated by the bile or by the urine alone, Messrs. Albertoni and Ciotto find that, hypodermically injected, quinine is eliminated by the urine, an important fact in practice, for it is thus useless to administer the remedy by this method if we expect to affect the liver and spleen. Quinine, taken by the mouth, is in part eliminated directly by the portal circulation without passing into the general venous system. As regards the length of time during which quinine remains in the organism, it has been found in the urine sixty-eight hours after ingestion. Finally, quinine was always found by MM. A. and C. in the spleen, nearly always in the liver, viscera in which it remains for the longest time. In the heart, quinine is found in larger quantity when introduced hypodermically than when taken by the mouth. In the brain it appears very quickly, but in smaller quantity than in the other viscera mentioned. x.

Poison in the Coverings of Hams.—M. Bouchardat (*Bulletin Général de Thérapeutique*, 1876, p. 431) has drawn attention to the poisonous character of the yellow pigment (chromate of lead) used in coloring the coverings of Cincinnati hams. The Prefect of Police of Paris has forbidden the sale of hams covered with the obnoxious material. x.

On the Use of Xanthium Spinosum in the Treatment of Hydrophobia (*Journal de Thérapeutique*, No. 7, 1876: Gozymala).—G. is a physician in Podolia, where rabies frequently occurs in dogs and wolves, and where yearly a large number of persons are bitten by rabid animals.

For many years he has used the leaves of the xanthium spinosum in the treatment of this affection, and he thinks that from the results of his wide experience he is justified in calling it an "infallible" remedy. When the drug is administered early enough to those who have been bitten, the disease does not occur, while in persons who have been bitten by the same animals and have been treated by other methods or not at all, hydrophobia is developed. The physiological action of the drug is similar to that of jaborandi, but far less marked.

It is administered in the form of powder to adults in doses of 0.3 grm. three times a day, while to children one-half the quantity is given, and the treatment should be continued about three weeks. G. is so fully convinced of the absolutely certain effect of the remedy that for a long time he has not cauterized the wounds due to the bites of rabid animals. w. a.

Tremor of the Right Arm consequent upon a Wound (Neubert: *Jahrbuch der Kinderheilkunde*, Bd. viii., Heft 1).—The patient, a boy, aged 11 years, was bitten in the upper arm by a schoolmate, and immediately thereupon followed a rhythmical tremor of the arm, which was caused by contraction of the extensor digitorum communis. If irritated, or if attempts at motion were made, the extensors of the wrist, the supinators, and the deltoid also took part. Nothing abnormal in the course of the nerve could be found. In the beginning the tremor was constant during waking hours, with the exception of about fifteen pauses of about twenty seconds' duration. Under treatment at the end of seven months the pauses had become of longer and the tremors of shorter duration. w. a.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, SEPTEMBER 2, 1876.

EDITORIAL.

JOHNS HOPKINS HOSPITAL.

VERY rarely have such important general medical interests been involved in any discussion as in that concerning the construction of the Hopkins Hospital, which is about being brought to a close in Baltimore. It is true that this may seem at first sight to be a rather bold assertion, since there are already hundreds if not thousands of hospitals in the country, and every year adds many new ones. What, then, is one more or less? In reality, however, the fundamental issue is whether the magnificent charity founded by Johns Hopkins shall be local or national; whether the Johns Hopkins Hospital shall be only a centre of healing to the poor of Baltimore and Maryland, or whether it shall rise to the grandeur of a national blessing, whose indirect influence for good shall far outshine the petty results which alone can be obtained when the sole object is to relieve a few individuals out of the immensity of human suffering. Shall the hospital be a hospital only, or shall it be *also* a great centre of medical teaching and investigation? It is this which the board has to decide, and which is so ably discussed to aid them in forming a correct judgment by Dr. John S. Billings in an unpublished pamphlet before us.

We have not space to follow the doctor in his argument. We have no words to make clearer or more forcible what he urges; we can only endorse and corroborate. His conclusion is that it will require a million of dollars to build a hospital which shall coincide with the evident desire of Johns Hopkins, as expressed in his will, and which shall be a great institute of teaching and investigation as well as of healing.

There is not in America an institution in which any medical investigations worthy of notice are regularly carried on; there are but few in which proper clinical instruction is regularly carried out. The opening for good is almost boundless. Johns Hopkins seemingly has had the rare good fortune to have perceived, and the power to execute. Will those who carry out his designs be less large-minded? It is stated that it will take the regular income of the fund but four years to amount to the desired sum. What is four years out of a perpetuity? Moreover, to build substantially and well would require three years,—at least, anywhere out of America. We trust, then, that the authorities upon whom rests the responsibility of decision will allow no unseemly haste for fruit to dwarf into insignificance the noble plant committed to their keeping.

As John Gilpin's wife remains until the present writing the great exemplar in economy to British matrons, so do the American medical colleges seem destined to remain a beacon-light to all future institutions of learning pressed by the heavy hand of poverty. The turnings and doublings, the shifts and expedients, the parings and trimmings, the tootings and trumpetings, leave little to be desired. Filled with pride by the skill and energy displayed, it gives us great satisfaction to note any new ingenious device, especially when such device is comparatively harmless in its results. We therefore hasten to chronicle the conferring of the degree of Doctor of Pharmacy upon eighteen young men by the Atlanta Medical College, although said college has no pharmaceutical department or faculty. It is true that, apparently, these graduates cannot have been taught pharmacy: still, it is getting to be the American fashion to learn your profession after graduation, and

the drug-store is a comparatively harmless arena, because the mistakes there made show so plainly. Unfortunately, the Atlanta Medical College seems to have a rival in a, to it, far corner of the country. At least we have received the following circular:

"GENTLEMEN of good moral character who have been in the Druggist business three years or more can obtain the degree of Doctor of Pharmacy from the University College of Pharmacy, Penn., upon writing an essay on some drug or combination of drugs.

"Fee $35.00, which includes Diploma, Registration Certificate, and Tickets.

"Address, with stamp,

"J. R. YUILLE, Secretary,

"Boston, Mass."

We trust that our friends of the Philadelphia College will do all in their power to prevent, at least in the State of Pennsylvania, this degradation of pharmaceutical education to the level reached by the quack medical colleges of the country.

CORRESPONDENCE.

NEW YORK, August 11, 1876.

TO THE EDITOR OF THE PHILA. MEDICAL TIMES:

DEAR SIR,—At one of his later clinics at the Roosevelt Hospital, Dr. Robert F. Weir exhibited the following operations and cases:

Perineal section for infiltration of urine.—This was a case in which the walls of the urethra had given way behind a stricture, and among the surgeons present at the operation were Professors Alfred Post, Thomas M. Markoe, John T. Darby, Erskine Mason, and Thomas Sabine. After the administration of ether, Dr. Weir endeavored to pass a minute rubber bougie; but, failing in this, he allowed it to remain in position, and then introduced another and another of similar character, until there were about five in the urethra. He manœuvred with these for some time, but, still failing to get through the stricture, he tried Thompson's probe-pointed catheter, which, he said, many regarded as a dangerous instrument, and almost immediately succeeded in passing it into the bladder. He then performed perineal section by the median operation, and found but a very small sac (about as large as the end of the finger), but which, he said, would rapidly have grown much larger had operative interference not been made. After the operation had been completed, he passed a steel instrument of full size (No. 33) first through the wound into the bladder and out through the urethra, and then through the urethra into the bladder, in the ordinary way. Before dismissing the case he ordered the scrotum to be supported in an elevated position, so as to prevent infiltration of urine into it, and stated that in a week he would incise the meatus and pass a much larger instrument than the one he had just used. Dr. Weir then took the class into the wards and showed a number of cases there.

Popliteal aneurism.—In this case Dr. Erskine Mason had successfully ligated the femoral artery nine weeks before, and there was now no pulsation in the tumor whatever. Recently, however, quite a large swelling had been noticed on the inner aspect of the thigh, just above the knee. It was accompanied with considerable pain; and, as it was thought that suppuration was taking place, an exploratory incision was made with a bistoury, but only blood and serum issued from it.

Aneurismal tumor of the neck.—This was situated just above the right sterno-clavicular articulation, and it was thought probable that the aneurism involved the arch of the aorta, as well as the innominate artery, and that it encroached upon the trachea, as the patient suffered from spasmodic attacks of dyspnœa at times. Dr. Weir made a laryngoscopic examination in this case, but was unable to get a view of the trachea on account of the unusual length of the epiglottis. He found, however, that the vocal cord on the right side was immovable, while that on the left was in its normal condition. The difficulty of breathing, he said, might be caused either by pressure upon the recurrent laryngeal nerve, or else by direct encroachment of the tumor on the trachea. No operation, of course, offered much chance in such a case, and none would be performed, except as a last resort, when, if the dyspnœa should become markedly urgent, the distal operation upon the subclavian and carotid arteries might be tried.

Traumatic abscess of the right groin.—The patient was a young lad who had been in bed with another boy one Sunday morning two weeks before, when his father, who was very religiously inclined, took a broomstick to him, as a mild incentive to encourage him to get up to go to church. In endeavoring to make his escape from the shower of blows which rained down upon both indiscriminately, his companion trod with his whole weight upon this spot, and thus the abscess had originated. There had been enormous swelling of the parts, and three days before a free incision was made near Poupart's ligament, when a large quantity of pus was evacuated from the iliac fossa.

There had been no burrowing, and the patient was rapidly improving. The class now returned to the amphitheatre, and Dr. Weir operated on a

Complicated case of fistula in ano.—The

patient was a female, and there were some half-dozen fistulous orifices at various points around the anus. Cutting down on a grooved director with a bistoury, he first laid bare the main tract, and then with scissors and director cut open one by one all the others, six in number. There was astonishingly little hemorrhage, considering the very extensive slashing of the tissues. The sphincter was involved only in the first incision, when the main tract was laid open, the opening of all the rest of the tracts being made simply into each other, and not through the sphincter. It was advised by many surgeons simply to lay open the main tract, and to let the others go, and Dr. Weir formerly followed this plan himself. More than once, however, he had been subsequently obliged to repeat the operation, even in private practice, and he therefore no longer now adopted it. He was glad to say that he had the sanction of so excellent an authority as Allingham for laying open all the fistulous tracts that could be found. This case, he remarked, demonstrated beautifully how little hemorrhage follows so apparently formidable an amount of cutting, and also showed admirably the cartilaginous-like character of these fistulous tracts. After allowing each member of the class to satisfy himself personally on the latter point, Dr. Weir proceeded to pack the wound with raw cotton, pushing small pellets of it into all the different pouches left by the opening of the tracts. Over the whole dressing a large compress was placed, and this was secured by a T-bandage. Most of the pledgets of cotton would be taken away within a day or two, and the others allowed to remain until washed out by the process of suppuration. A wound dressed in this way usually granulates readily from the bottom, so that the healing goes on thoroughly and rapidly. The bowels were to be kept confined for three or four days.

The following interesting case was under the care of Dr. Charles McBurney, at St. Luke's Hospital. The patient was a young woman of twenty-three, who had been suffering for ten years from *lupus*, which caused a horrible disfigurement of the face, and also affected the left shoulder and arm. No adequate course of treatment had been adopted in the case, and the disease had steadily progressed. About a year ago the tissues around the mouth began contracting, until at last, when admitted to the hospital, the buccal orifice would scarcely admit the end of an ordinary goose-quill. Nothing but liquids could, of course, be taken; and, as the disease had affected the nose also (one nostril being almost entirely occluded), there was considerable difficulty of respiration in addition. In order to give the unfortunate patient relief, and to enable her to use her tongue once more (what greater privation could there be to one of the fair sex than the loss of speech?), Dr. McBurney made a lateral incision at each side of the mouth, dissecting up the mucous membrane as far as it could be separated, and securing it with sutures at the corners. Union by first intention did not take place, except to a limited extent, but all the surfaces healed nicely after some little delay. The mouth is now probably one and a half inches in width, and, as the orbicularis was only partially destroyed, she can close it almost completely, motion in general being remarkably good. The result of the operation has been altogether very satisfactory, as the patient is now enabled to eat all sorts of solid food, and can articulate very well. We question very seriously whether some husbands would not have distinctly objected to having a similar operation performed in case their wives had been affected in the same way as this patient.

A number of lupoid ulcers on the face have been treated successfully with nitrate of silver applications, and a large one upon the frontal bone, which it involves to some extent, is also doing nicely under the same treatment.

Apropos of the above case, we were recently very much amused by reading the following description of a rhinoplastic operation about the face, in one of the daily papers. The case seems to have been one of *epithelioma* of the lower lip. "The patient being placed under the influence of ether, the lip was cut down and removed, the mouth slit far into the cheeks on both sides, the flesh turned down, and the inner membrane and bone scraped to remove all traces of the cancer. Then the cheeks were brought forward over the chin, and sewed together to form a new under lip; a new and handsome mouth was formed by sewing up the slits and cutting out triangular notches in the corners; and, that the new lip might not lack the natural redness, the lining membrane was brought out over the edge and sewed down. A new face having thus been put upon the patient, he went on his way rejoicing." From the language employed, one would think it was some sort of a tailoring job that was being described; and the coolness of the narrator in giving such cheerful details is certainly refreshing this warm weather.

The American Veterinary Hospital has issued its first report, and the little pamphlet contains many items of interest. This institution was opened in May, 1875, as a department of the Veterinary College here, and has been established for the purpose of affording hospital accommodations to domestic animals when sick. The building, which is twenty-five by one hundred feet, and three stories high, is a new one, and especially adapted, in respect to ventilation and all minor details, to secure the best hygienic conditions for hospital purposes. The first floor contains the reception-stalls and a large, well-lighted operating-room, and the second floor is occupied with box-

stalls and a fully-appointed pharmacy. The surgeon in charge is A. Liantard, M.D., V.S., a gentleman of education and experience, well known in the community. A house-surgeon, who lives in the building, gives the hospital his exclusive attention, and the patients, which can be admitted at all hours, are thus under constant observation. During the first ten months after the hospital was opened, 710 horses, 20 dogs, and 1 cat were treated there. Out of the whole number of horses brought to the hospital, 244 remained as boarders under treatment; the others being brought to the daily and free clinics, the latter being given Wednesday and Saturday, for the horses of the poor. These semi-weekly clinics, which are carried on in the same way as those at the dispensaries for human patients, have done much good, and are becoming more and more largely attended. 231 cases of lameness from various causes have been treated; 48 wounds of different kinds; 13 fractures; 33 sprains; 82 patients with affections of the digestive organs; 71 of the respiratory organs; 40 of the circulation; 7 of the nervous system; 7 of the genito-urinary apparatus; 40 of the senses; and 36 suffering from various forms of growths, including all kinds of tumors and abscess. 123 horses were examined for soundness; 116 operations were performed; 13 animals died, and 21 were destroyed. The latter were beyond recovery, or suffering from contagious diseases. Among the interesting cases treated in the hospital, Dr. Liantard mentions the following:

A case of suppurative pneumonia following comminuted fracture of the fourth and fifth ribs under the scapula—died.

A case of tendinous windgalls, followed by softening of the tendons—animal destroyed as incurable.

A case of umbilical hernia treated with nitric acid—cured.

A case of aneurism of aorta ruptured while being anæsthetized for operation for cataract—died.

A case of dumb rabies; the temperature taken in the rectum varying between 102⅕° and 102⅘°—died.

Removal of a fatty tumor in the gluteal region, weighing five pounds—cured.

Removal of three hemorrhoidal tumors with écraseur—cured.

Removal of a bronchocele weighing 686 grammes—cured.

A case of scirrhous cord after castration, removed with écraseur—cured.

A case of epithelioma of penis; amputation—recovery.

The charges for hospital keep per day, including advice, medicine, and feed, are two dollars; and the fees for operations, which are always made at the risk of the owner, range from two dollars upwards, according to the difficulty of the case. In accordance with the custom of the Royal College of Veterinary Surgeons in London, the trustees have opened, principally for the benefit of physicians, a subscription-list, with a limited number of names; and the annual payment of the sum of ten dollars entitles each subscriber to have admitted into the hospital for treatment an unlimited number of horses or other animals, provided they are his own property, at a charge of $1.25 per day, medicines included, to have the opinion of the surgeons in charge as to the medical treatment of animals he may desire to retain in his own possession, without payment of fees (the medicines being supplied from the hospital at very low rates), and, finally, to have horses brought into the hospital to be examined for soundness, free of charge.

There has lately been carried on a very energetic, but, fortunately, not as yet very bloody, war between the New York and Brooklyn police authorities, because the latter have taken it into their heads to object to the emptying of garbage by the former into the harbor at such points as to make it uncommonly disagreeable (to say nothing of its effect on the health) for those residing or visiting along the shore. For instance, it is stated that the bathers in the surf at the well-known resort, Coney Island, are not infrequently annoyed by having the bodies of dead dogs and cats, which have been carried in by the breakers, dashed up against them. The origin and course of the war have thus been given. The New Yorkers assert their right to dump the product of their street-cleaning operations in the harbor at certain points, while Kings County holds that, in doing this, the New Yorkers seriously impair the value of the "easement" which is the right of Kings County citizens on the shores of the bay. They allege that there is, in the cargoes dumped, a measure of offensively odorous matter, the specific gravity of which is less than that of water, and that this buoyant and offensive matter is deposited by the ebb and flow of the tides upon the Kings County domain, under the noses, so to speak, of peaceful Kings County citizens. Kings County, therefore, denies the right of New York to do the dumping in question, and, the quarrel having grown steadily more and more bitter, a force of Kings County policemen one day boarded and captured the vessel W. E. Cheney, towing five barges, all loaded with refuse matter, which the New Yorkers were on the point of depositing in the harbor, as usual. The New York cruiser Seneca, with certain high civil functionaries on board, came alongside and demanded the immediate release of the captured vessel, which was defiantly refused. "Then the word was given to train the Seneca's great bow howitzer upon the Cheney's decks, and to prepare for action; but just at the moment when the New York cruiser was about to open fire upon the captors of the Cheney with the yawning howitzer

and fifteen more or less yawning pistols, the timely arrival of numerous reinforcements on board the Kings County transfer, N. K. Hopkins, changed the whole aspect of things. Then the victorious Kings County men towed their prize into port, where she was duly libelled before a justice of the peace, while her crew were held as prisoners of war, without the privilege of a parole, the ransom offered by the New York police authorities being flatly refused.

"Notwithstanding this important victory, however, no attempt was afterwards made to interfere with the free passage of non-combatants across the East River frontier. Passports were not demanded of persons who sought to cross Fulton Ferry, and the elated victors magnanimously forbore from establishing a blockade." These arrests were made under the law which requires persons to secure the permission of the Shore Inspector before dumping garbage in the bay. Whether the law applies or not to the matter now in dispute, is a question for the courts to decide.

The men arrested on this occasion were in a day or two afterwards released on bail, to await the decision of the grand jury, which does not meet until October next. And so, in these unromantic and degenerate times, instead of the Wars of the Roses we can only get up a Garbage War, whose stench is rank and smells to heaven. It is asserted that the whole difficulty might have been avoided if the persons having the matter in charge had received orders to dump the refuse of the streets always at high water, when it would have been washed out to sea and given no further trouble.

William Wood & Co., the publishers, announce that they will publish early in the coming autumn, for the New York Pathological Society, the first volume of its transactions.

The Society was founded thirty-two years ago,—viz., in 1844,—but now for the first time issues its transactions in book form. The plan proposed is to take the reports and descriptions of morbid specimens exhibited before the Society in 1875 as the basis of the volume, and many of these will be supplemented by selections from the records of the large number of cases of similar character which may have accumulated in its archives since the origin of the Society. These archives are reasonably complete, the successive secretaries, Drs. William C. Roberts, H. D. Bulkley, Henry G. Cox, William H. Church, C. M. Allin, J. Foster Jenkins, E. Lee Jones, and Dr. George F. Shrady (the latter has held the position for the last fifteen years), having all performed their duties well; so that nothing remains for the present editor, Dr. John C. Peters, but the heavy task of condensing, pruning, and arranging the extensive accumulation of material. It is expected that hereafter the Society will publish its transactions every year or two, and these volumes will be arranged somewhat after the plan adopted by the Pathological Societies of Philadelphia and London, and will enter into generous rivalry with them. The first volume will contain a historical sketch of the origin and rise of the Society, a list of all its former and present officers and members, a list of the specimens and reports presented in 1875, and a selected list of those cases of a similar character presented since 1844, with due credit to each presenter, and, finally, a full report of the transactions of 1875, illustrated by the best experience of the Society on the same topics since 1844, with an index.

During August, September, and October, lectures on the following subjects will be given at the Charity Hospital Training School for Nurses: "Nursing," by Dr. Edward Frankel; "Obstetrics," by Dr. Walter R. Gillette; "Practical Medicine," by Dr. W. H. Van Wyck; "Anatomy," by Dr. E. A. Maxwell; "Surgery," by Dr. Joseph W. Howe; "Children," by Dr. John H. Ripley; and "The Action of Medicines," by Dr. Beverly Robinson. Instruction is also given at the bedside by the house staff.

The *Herald*, in a recent editorial on a letter of the Philadelphia correspondent of the London *Times*, in which your low death-rate is attributed to the abundant and cheap water-supply, the use of Fairmount Park made by the people, and, above all, to the ample accommodations for the poorer classes in separate houses for each family, thus waxes eloquent over the City of Brotherly Love: "All honor to Philadelphia! When we think of what has been the misfortune of New York during the past heated spell, of the two thousand children dying within twenty days; when we think of thousands of our honest, virtuous, noble-hearted working-people confined to the dirty, narrow, nasty tenements of the lower part of the island; when we think what might be the case if the broad, open space in West Chester County or Long Island could be reached by rapid transit, we emphasize the tribute paid to Philadelphia by the correspondent of the London *Times*, and honor it as the one city among American cities which deserves to be called the metropolis of homes."

At the last meeting of the Board of Health, Dr. Day, Sanitary Superintendent, announced that, in accordance with the instructions of the Commissioners, the extra corps of assistant sanitary inspectors had been discharged after two weeks' service, and that during that time they had visited 14,277 houses and 91,560 families, and had treated 2503 sick children unprovided with other medical attendance. During the week ending August 5, there were 669 deaths in this city, a decrease of 135 as compared with the mortality of the preceding week.

PERTINAX.

PARIS LETTER.

33 Rue Caumartin, Paris, July 15, 1876.

To the Editor of the Phila. Medical Times:

SIR,—In the fulfilment of a long-made promise, I propose to send you to-day a few notes in regard to medical matters in Paris.

As it may interest some of your readers, I will begin with a reference to the excitement which has prevailed here for some time past among the foreign physicians. It seems that, for certain reasons, the Medical Faculty has recently refused even to entertain an application from a non-graduate of a French school for the *authorization* to practise medicine in this country. Several distinguished physicians, of different nationalities, have just been peremptorily denied this privilege, without so much as a perusal of the testimonials and diplomas which they presented as evidences of qualification. It is announced that the last stranger has been received into the medical fold of France. Hereafter the alien who practises here must do so at the risk of a criminal prosecution for each prescription he writes, and the penalty of six months of imprisonment for every instance in which he presumes to call himself a doctor. In a word, the *ins* are on the rampage, and the *outs* are to be kept "in the cold" until some propitious revolution inaugurates another regime and leaves the gates ajar again.

Of course the schools are open to all comers, and diplomas, which cover the whole ground, can be had by pursuing the curriculum and passing the examinations. This, however, takes a very long time, and requires an accurate knowledge of the French language,—desiderata which few foreigners, especially of American extraction, can indulge in, and which, consequently, do not help the cause materially, after all. I fortunately succeeded, more than a year since, in obtaining the permission to practise, and I am therefore only a chronicler in this regard, and not a sore-head. Apropos of the subject of graduation, I cannot help remarking that, notwithstanding the protracted period of pupilage demanded by European universities, and their presumed advantages in other particulars, their *average* graduates are decidedly inferior to those of our schools. Although the percentage of thorough scholars and profound thinkers may be greater abroad, the rank and file of the profession in America are better instructed in the principles of medicine, and more skilled in the management of disease, than the corresponding class of medical men in any of the countries which I have visited.

The effort to re-establish the *concours* has failed. Formerly, a professorial chair could only be reached through the searching ordeal of an examination; but now the faculty perpetuates itself by making its own selections. The University, since the decrees of 1854 and 1876, abolishing the *concours*, has really become a "close corporation," an institution which typifies the subordination of public interests to private ends, and inaugurates a reign of selfishness and intrigue the world over. Under a system of open competition, the ablest man necessarily secures promotion; while under the rule of private election no one is likely to be advanced who will probably overshadow his colleagues. It is mediocrity, after all, which most often proves the "winning card" in the game of life, and secures the prizes which are the rightful heritage of transcendent genius and great attainment. I can but hope, however, that the insignificance of the majority by which the University refused to make this wise restoration will lead to a reconsideration of the proposition, and that France may have occasion to boast of a system which has given to science and to immortality such names as Velpeau, Nélaton, Trousseau, Bernard, Andral, *et id genus omne*.

Dr. Woillez, of the Hôpital Lariboisière, has recently presented to the Academy of Medicine a new apparatus for the performance of artificial respiration, which attracts much attention. It consists of a large metallic cylinder, with one end hermetically sealed and the other left temporarily open. The patient is placed bodily into this barrel, and the open end is then closed around his neck, so as to leave his head in the air. The atmosphere within the cylinder and around the patient's body is then pumped out, leaving a vacuum, when the chest dilates, and breathing is re-established. At least *fourteen* litres of atmospheric air can be introduced every minute into the respiratory organs, with comparative facility, and without detriment—the inventor believes—to the patient. Prof. Depaul expressed great doubt as to the superiority of this method of artificial respiration over those usually resorted to, and felt assured that its employment would result in extensive lesions of the pulmonary vesicles. He also quoted the example of an infant who had been regarded as dead for more than half an hour, and arrayed for burial, when it was resuscitated, after two hours of effort, by the usual means, and lived to hold a high position in the state. At the suggestion of Professor Chauffard, Dr. Woillez is to verify his experiments in the presence of the Academy at an early date. Great things are expected of this apparatus, and I shall make it a point hereafter to give you the result of the practical tests to which it is to be subjected.

The appearance of the plague in the East is causing some apprehension throughout Europe,—which is not to be wondered at, considering the extent of its ravages in former times. An attempt was made, not long since, by certain interested parties, to deny that the disease had any present existence, save in the imaginations of a few alarmists. A letter, however,

from Dr. Tholozan, of Teheran, addressed to the Academy of Sciences, settles the question definitively, and shows that in the early part of last January the plague really made its appearance, not far from Hillay, and has continued to rage with more or less virulence ever since. During the first week of May the *daily* average of cases in Bagdad was one hundred and sixty, while the mortality was one hundred and twenty. Vigorous quarantine measures have been adopted, and it is to be hoped that its march will be promptly arrested.

The consideration of the subject of the generation of inferior organisms has led to a lively debate in the Academy, between M. Pasteur and M. Frémy,—two of its most distinguished members. M. Pasteur contends that living, organized ferments proceed from equally organized beings, and that the germs of these ferments are suspended in the air or lie on the outer surface of things. M. Frémy asserts, on the contrary, that these ferments are formed by the power of hemiorganism exercised on albuminoid matter in contact with air. Thus, for instance, M. Pasteur explains the presence of vibrios and bacteria in putrefying blood by the theory that the germs of these animalcules proceed from the dust floating in the air; whilst M. Frémy contends that they are spontaneously born of albumen and fibrin which primarily possess a semi-organization whereby, under the stimulus of the atmosphere, the genesis is necessitated and accomplished. This is the last refinement which has developed itself in connection with the great question of spontaneous generation; and I give it to you for what it is worth, with the query why this war of words is not settled by the *experimentum crucis*, drawing the drop of blood and permitting it to become putrescent under circumstances which preclude the presence of dust or air, as could readily be done in the presence of a jury of confrères.

M. Bouilland has just read before the Academy an exceedingly interesting paper by M. Oré, in which he gives an account of a case in which amputation of the thigh was performed while the patient was in a state of anæsthesia produced by the injection of chloral into a vein. He states that complete insensibility was readily induced, that neither respiration nor circulation was disturbed, that the patient slept quietly for six hours after the operation, and that the recovery was rapid and unattended by any accident. It seems that this method has been pursued in quite a number of instances, and has been invariably crowned with success,—neither local lesions nor systemic complications having manifested themselves. Although by no means a substitute for chloroform or ether, there are undoubtedly circumstances under which it can be rendered available by the surgeon; and hence it may be regarded as an additional resource of his art.

Dr. Nathan Bozeman is now residing temporarily in Paris. He came abroad, some time since, to compare his operation for vesico-vaginal fistula with the plans pursued in Europe, and to determine their relative advantages. With these ends in view, he placed himself in communication with the leading gynæcologists of the Continent, diligently studying their methods of procedure, and frequently exhibiting his own. Having operated with an unvarying success, and relieved cases pronounced incurable by the best authorities in France and Germany, he has established his claims to pre-eminence in this specialty, and has completely revolutionized the ideas of those who affect it. At some future time I will give you the details of his work; but for the present I can only chronicle the fact of the success achieved, in order that it may be known at home how much credit he has reflected upon American surgery.

The discussion relative to the origin of the *souffle* observed in pregnancy has not yet been concluded in the Academy of Medicine. At the last meeting, Professor Depaul attacked with great vigor the theory promulgated by Bouilland, which attributes this phenomenon to the sound produced by the blood in passing through the iliac arteries after their compression by the gravid uterus. His objections to this theory are based upon the following clinical facts: that the *souffle* of pregnancy begins at the third month, when the external iliac artery is not compressed at all; that it is not accompanied by pulsation, as it would necessarily be if dependent upon arterial compression; that it does not cease upon *one side* when the weight of the womb is made to fall upon the *other side*, as can readily be done by changing the position of the woman; that it is not heard specially in the localities of the iliac arteries, but equally throughout the whole extent of the abdominal parietes; that it is possible to hear these two sounds—the souffle *with* pulsation, dependent upon the compression of the iliac arteries, and the souffle *without* pulsation, characteristic of pregnancy—contemporaneously, and to distinguish between them; and that, when compression exists as a result of the presence of uterine tumors, the sound is accompanied by pulsation, while in pregnancy proper the souffle presents itself—pure and simple—without any such complication. He also expressed a concurrence in the views of Paul Dubois, and contended that the genuine souffle of pregnancy is uterine in its origin, and has its special seat in the arteries which are distributed to the parietes of the womb. Whilst the logic of these criticisms seems irresistible, it must not be forgotten that the theory assailed is that of a man of pre-eminent ability, and whose brilliant researches "sur les bruits cardiaques et vasculaires" render him very high authority upon this and all kindred subjects.

The *Bulletin de Thérapeutique* has just translated and republished a very interesting article from the pen of Dr. N. P. Dandridge, of Cincinnati, in regard to the dangers attendant upon the exploration of the rectum with the hand, as recommended by Simon, of Heidelberg, in 1872. The editors have always most emphatically repudiated this procedure, as dangerous in itself, and of little clinical value; and they cordially endorse the statements of Dr. Dandridge as confirmatory of their predictions. So authoritative a condemnation of the teachings of the German professor will certainly deter the surgeons of France from following them, however much they may be commended by other parties. Without pausing, however, to discuss the merits or defects of this method of diagnosis in rectal disease, etc., I will only say that the unusual circumstance of a republication, by a Parisian medical journal, of an entire article from a foreign cotemporary, renders the course pursued in this instance a decided compliment to Dr. Dandridge, and gives him a certain *éclat* in Europe.

This reference to American prestige abroad brings to mind the extraordinary career which a Philadelphian has had in France. Dr. Thomas W. Evans, who came to Paris about twenty-five years since, to engage in the practice of dentistry, has become one of the most noted men in this country. By the sheer force of tact and talent, he has won the friendship of nearly all of the reigning families of Europe, secured a commanding influence in French society, amassed a princely fortune, and achieved an honorable position in the ranks alike of literature and of science. Had he done nothing more than perfect the ambulance with which his name is so honorably associated, and establish the hospital which, throughout the protracted siege of Paris, so signally illustrated his humanity and liberality, he would have richly earned all the orders, diplomas, and testimonials already so lavishly bestowed upon him. These achievements constitute, however, only a part of the grand *rôle* which he has played so long and well in Europe; and, as he is yet in the prime of life, and instinct with aspiration and enterprise, the future can but have in reserve for him still greater triumphs and a more brilliant recompense. It is thus that American talent and courage have asserted themselves under the adverse circumstances of an alien field and an unequal competition; whilst in the victory which they have so bravely won every compatriot should feel an honest pride and an abiding interest.

And now, with best wishes for the *Times*, and the warmest congratulations for its editor, I must bring this communication to a conclusion, and say, *Au revoir*.

Your obedient servant,
EDWARD WARREN, M.D.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, May 25, 1876.

The PRESIDENT, DR. WILLIAM PEPPER, in the chair.

Gastro-intestinal catarrh; peritonitis. By Dr. LOUIS STARR.

MARY ——, æt. 24 years, single, came under my care at the Episcopal Hospital on April 27, 1876. She had, as far as could be ascertained, a healthy family history, and during childhood had never had any severe illness. The menstrual flow, which began at the age of 17, had been somewhat irregular in its recurrence, but with this exception she had enjoyed fair health, and had worked steadily at her trade, that of weaving, until the spring of 1873. At this time, without apparent cause, she began to lose flesh, grew very weak, and began to suffer from pain in the lumbar and epigastric regions, and occasional attacks of vomiting. These symptoms increasing, she applied for treatment at the hospital on June 6, 1873. Shortly after admission she became slightly jaundiced; this, together with the vomiting, soon disappeared, but in other respects improvement took place very slowly, the pain in the back being especially obstinate, and she was not in a fit condition to be discharged before June 4, 1874. She resumed work immediately on leaving the hospital, and remained moderately well up to February, 1876, when the former symptoms returned.

At the date of readmission, April 27, the patient was extremely emaciated, and in a state of great prostration; her skin was harsh and sallow, though not jaundiced; her appetite was almost entirely lost; the tongue was smooth, dry, and red; there was obstinate vomiting and diarrhœa, the matter voided consisting chiefly of mucus; the belly was scaphoid, and there was severe pain in the epigastric and umbilical regions, extending towards the back. The pain was described as twisting in character, and was augmented by pressure or by taking food, and relieved by the vomiting, which almost invariably followed the latter operation. The heart and lungs were healthy, and a normal quantity of urine was excreted.

During the next ten days more food was retained, and the discharges from the bowels ceased to a great extent; the abdominal pain and tenderness, however, remained unabated, the belly was moderately distended at times, and the weakness steadily increased. On May 11, a number of isolated purpuric spots were noticed on the tongue, and several large patches on the abdomen. The urine was carefully tested, and found to contain a very

small amount of albumen. On May 13, the vomiting and diarrhœa returned, and continued until May 16, when death occurred.

The *autopsy* was made fourteen hours after death. On opening the abdomen, the parietal layer of the peritoneum was observed to be thickened, and extending between it and the omentum there were numerous delicate bands of fibrous tissue. The stomach and intestines were also bound together and to the surrounding parts by recently-formed adhesions, which were readily broken down by the finger. The mucous coat of the stomach was increased in thickness and was covered with tough mucus; the mammillations at the pyloric extremity were more marked than normal, and in several places there were spots of vascular injection; the largest of these, about two inches in diameter, was situated at the fundus. The mucous membrane of the upper portion of the small intestine, and of nearly the whole of the large intestine, was greatly congested. The mesentery was thickened, and the mesenteric glands enlarged. The liver was firmly adherent over the whole of its upper surface to the diaphragm, its investing membrane was much thickened, and on the under surface, to the right of the longitudinal fissure, the collapsed and discolored walls of what resembled a small abscess were discovered. The hepatic substance had apparently undergone fatty change. The spleen was of normal size, though somewhat denser than usual, and was attached to the left lobe of the liver. The right kidney was adherent to the postero-lateral surface of the right lobe of the liver; the left kidney occupied its proper position; the pancreas was unaltered. There was no fluid in the abdominal cavity.

Both lungs were bound to the floor and sides of the thorax by pleuritic adhesions, but the pulmonary tissue was perfectly healthy. The heart was flabby, and weighed, before the clots were removed, five and a quarter ounces; all the valves were free from lesion.

Dr. PEPPER said the case struck him as a very interesting one. In the first place, the cause of the chronic peritonitis seemed obscure, as there was an absence of syphilis, tubercle, or cancer. Again, it was interesting to note the resemblance which the general symptoms bore to those of various cases of essential anæmia, even including the appearance of purpuric patches. It seemed to him that the portion of the wall of the small cavity under the liver was a part of the right supra-renal capsule; but, although it might be somewhat altered, it did not present any of the characteristic lesions of Addison's disease. It was to be regretted that a careful examination of the marrow of the bones had not been made. Undoubtedly, in such cases as these, where there are distinct and extensive primary lesions, the study of the mode of production of this high grade of anæmia is a very difficult one; but it has an important bearing on the explanation of cases of so-called essential anæmia.

Dr. C. B. NANCREDE thought the condition of the stomach interesting in connection with gastro-intestinal catarrh. He would like to know whether this hyperplasia of the glands might not be due to the continued vomiting, which causes hyperæmia of the organ. It has been stated that this enlarged state of the glands is due to constantly recurring physiological stimuli acting in excess, as in the case of improper food. The only effect of this is, of course, to produce more or less constant congestion of the stomach. Why, then, may not the constantly recurring and more or less permanent congestion produced by incessant vomiting cause hyperplasia of the glands, as well as a similar congestion due to any other agent, say the stimulus of improper food?

Dr. F. P. HENRY said that gastric ulcer was most plausibly explained by interference with the circulation due to contraction of the muscular coats of the stomach during violent vomiting, and thought it reasonable to conclude that a less violent and frequently recurring muscular spasm might so interfere with the circulation as to produce a permanent glandular ectasy.

Dr. C. B. NANCREDE asked Dr. Pepper whether enlargement of these follicular glands was an attendant of Addison's disease, as Dr. Pepper in his remarks had seemed to imply that in this case there were some marked resemblances to that affection.

Dr. PEPPER replied that it was one of the most frequent lesions in Addison's disease, and was also met with in cases of leukhæmia and pernicious anæmia. While this hyperplasia is a frequent lesion, the degree of functional derangement of the stomach and bowels varies greatly in different cases, and at different periods in the same case.

Dr. NANCREDE said that he did not refer to the solitary glands, but to the mucous and so-called peptic glands. To him the peculiar condition of this stomach appeared due to the enlargement of these follicular glands, as indeed has been demonstrated in other cases of gastric catarrh.

Dr. HENRY said his remarks referred also to the follicular glands, or gastric tubules. The question has been raised by histologists as to the existence of solitary glands in the stomach. As there had been no microscopic examination of the blood in this case, it could not be determined whether the case was one of organic or simply one of functional anæmia dependent upon malnutrition due to frequent vomiting.

Dr. JAMES TYSON said, with regard to solitary or "closed" glands in the stomach, they have an undoubted existence, although they are very sparse. He himself had a preparation in his cabinet which shows one very plainly, lying among the lower ends of the tubular glands.

The specimen was referred to the Committee on Morbid Growths, which reported, June 22, 1876, as follows:

"Your Committee, to whom was referred the specimen of liver, kidney, and suprarenal capsule presented by Dr. Louis Starr, respectfully report that sections through parenchyma of the kidneys exhibit the normal cells and stroma, with but little alteration except such as is apt to affect the innermost cortical layers at an early stage of the process of decomposition. No evidence of the formation of an abscess could be detected.

"Thin sections from the liver indicate that this organ was in an advanced condition of fatty degeneration, but the kidney exhibited no perceptible alterations from its normal structure which were not fairly attributable to the action of the preservative menstruum in which it has been immersed."

Extra-uterine pregnancy in the beginning of the second month; death from hemorrhage.

By Dr. W. G. PARKS, for Dr. L. GRUEL.

Mrs. M. M., 25 years of age, gave birth to seven children. Six of them died in the first months; the living one is now nineteen weeks old. She had never been sick before. Four weeks ago, during menstruation, she was weaker than usual, and menstruated for two days only; there were cramps, a kind of colic; no medical attendance.

On the 22d instant, instead of the regular return of the menstruation, appearance of violent, gradually increasing cramps; medical attendance wanted three hours after the first pain, and, four hours later, death.

Autopsy, twenty-two hours after death. All the abdominal organs were markedly anæmic. The pelvis was full of blood in large clots; on the *right horn of the fundus uteri* was a *rupture* of about two lines in diameter; a small cyst on the right ovary.

The inside of the womb anæmic; on the right uterine aperture of the Fallopian tube, imbedded in the tissue of the fundus, was a sac filled with a clot as large as a cherry, and on its superficies the ruptured place. The ovum was lost in the clot filling up the pelvis.

Only the opening of the abdomen was permitted.

REVIEWS AND BOOK NOTICES.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. Edited by Dr. H. VON ZIEMSSEN. Vol. IV. DISEASES OF THE RESPIRATORY ORGANS. New York, William Wood & Co., 1876. Pp. 805.

The fourth volume of this now well-known work covers a considerable portion, though not by any means all, of the ground suggested by its title. One volume (V.) already noticed contains articles upon some of these affections, and, in a note by the editor added to the present volume, we are told that, to avoid swelling it to an inordinate bulk, other subjects, belonging properly here, have been incorporated into the seventh volume.

The first article, a discussion of the general diagnosis and therapeutics of diseases of the nose, naso-pharyngeal space, pharynx, and larynx, is by Dr. Fraenkel (translated by George M. Lefferts, M.D.). An account of the various methods of examination, the instruments employed, and formulæ for the treatment of these diseases, precedes the description of the affections themselves, and forms an exceedingly interesting and instructive chapter. It is fully illustrated. That portion of Dr. Fraenkel's article which relates to the various diseases of the nose (translated by Edward Schauffler, M.D.) includes a brief account of the various affections to which this organ is subject, together with a copious bibliography, showing here as elsewhere the wide range of reading so characteristic of the writers in this Cyclopædia. Von Ziemssen discusses, within the compass of a few pages, anæmia, hyperæmia, hemorrhage, abnormal color, and the catarrhal inflammations of the laryngeal mucous membrane. Steiner, who contributes the article on croup, regards the attempt to distinguish this and diphtheria as two distinct diseases as having been unsuccessful, both from an anatomical and a clinical stand-point. He regards the lesion of diphtheria as similar to that of croup, only with the difference that in croup the exudation takes place upon the free surface of the mucous membrane, while in diphtheria it occurs at the same time *within* the tissue, and thus produces necrosis and loss of substance of the mucous membrane. Both this article and the preceding one are translated by A. Brayton Ball, M.D. Diseases of the trachea and bronchi are handled by Dr. F. Riegel (translated by J. Solis Cohen, M.D.). Among these, bronchial catarrh naturally occupies the largest space. Dr. Franzel discusses diseases of the pleura (translated by J. Burney Yeo). Among these, pleuritis occupies over one hundred pages, being exhaustively treated. Treatment, particularly of an operative nature, comes in for a considerable share of attention, and appears of a decidedly practical nature.

In conclusion, it may be said that, on the whole, the present volume bears out the good reputation of its predecessors; and the more we see of this admirable work the more we feel its value to the practitioner who would keep thoroughly abreast of the progress of medicine.

MEDICAL THERMOMETRY AND HUMAN TEMPERATURE. By E. SEGUIN, M.D. 8vo, pp. 446. Wm. Wood & Co., New York, 1876.

This treatise is the enlarged second edition of a smaller work which has been several years out of print. The volume contains a large amount of valuable information for phy-

sicians, and the variations of temperature in almost every disease in the nosology receive consideration. It is true many of them are incomplete and of no real value, except in affording a beginning by the addition to which of other facts valuable conclusions may yet be drawn. In other forms of disease it is difficult to conceive any practical ends to be served by temperature-observations; but it is at least the advantage of such a work as that of Dr. Seguin's that it enables us to learn what these are.

We cannot speak so favorably of the author's style and English composition. While we think it allowable for a writer to coin a new word or change an old one where anything is to be gained by such change, we do not think it desirable that such words as "conceps" and "norme" should be allowed to substitute words which convey their meaning as well. The use of a large number of these words, together with no little obscurity in the language, we fear will make the book difficult reading for the average practitioner.

The volume is gotten up in the usual good style of the publishers.

THE THEORY AND PRACTICE OF MEDICINE. By F. T. ROBERTS, M.D. Second American from last London Edition, Revised and Enlarged.

The success of this book has shown the correctness of the favorable opinion which we expressed upon its first appearance. The present edition appears to have been well brought up to the day.

A MANUAL OF PERCUSSION AND AUSCULTATION. By AUSTIN FLINT, M.D. Philadelphia, H. C. Lea, 1876.

This little book contains the sum and substance of the lessons which its author has for many years given to his private classes in the art of physical diagnosis. It is a clear, condensed, and yet, for the needs of the student, sufficiently elaborated exposition of the subject on which it treats.

THE MEDICAL REGISTER OF NEW YORK, NEW JERSEY, AND CONNECTICUT. Vol. XIV., 1876. By Dr. A. E. M. PURDY. Putnam & Sons, 1876.

This directory contains the names and addresses of 3805 physicians of good standing, besides a mass of information concerning local medical matters and charities, the details of which it would be a weariness even to think of. We congratulate Dr. Purdy on the thoroughness with which he has done his work, and on the beauty of his volume.

TRANSPARENT GUM.—A little glycerin added to gum or glue is a great improvement, as it prevents the gum or glue from becoming brittle. It also prevents gummed labels from having a tendency to curl up when being written on.

GLEANINGS FROM EXCHANGES.

EXTRACTION OF FOREIGN BODIES FROM THE EAR (*The British Medical Journal*, March 4, 1876).—Mr. George P. Field refers to the case of a little girl, æt. 6, who presented herself with a black glass bead the size of a large pea in her left ear. Previously, however, several attempts had been made to extract the bead; but, unfortunately, the mischief was only increased, the bead having been pushed in still deeper, and firmly imbedded, the result of subsequent inflammation. The ear was syringed gently, and any further attempt at removal was postponed, as there was a good deal of inflammation for a few days. She was, however, laid up with chicken-pox for two months; and when she came again to the hospital all inflammatory signs had disappeared, but the bead could easily be distinguished with the speculum, deeply seated and firmly fixed. She was put under chloroform, and an attempt was made to remove it by means of glue attached to the end of a piece of stick. This failed altogether. She was, therefore, placed on her side, with the affected ear downwards, and the syringe used from below; and, after a little trouble, the bead dropped out. This is a case that one is likely to meet with almost every day. A great deal more harm than good is often done by the use of instruments; but by the following method no injury can be caused. Place the patient under chloroform, with the ear affected downwards, and syringe from below. Pull the auricle backwards and upwards (by this means the external auditory meatus is made into a straight tube), and apply the nozzle of the syringe to the upper wall of the passage. The water is then gently forced behind the obstruction; the foreign body is loosened, and its own weight will cause it to fall out of the ear.

ACUTE ABSCESS OF TONSIL, IMPLICATING PHARYNGEAL APONEUROSIS AND PRESENTING BEHIND STERNO-MASTOID (*The Medical Press and Circular*, May 19, 1876).—Mr. Frank Thorpe Porter reports the case of a strumous-looking lad, aged 10, who, when he came under notice, complained of headache, rigors, pain in swallowing, and want of sleep. The tongue was dry and brownish on the surface, the skin hot and tense, the pulse 90, and peculiarly unsteady. On examining the throat there was found a swelling the size of a walnut, hard, yet moderately fluctuating, on right tonsil. Mr. Porter prescribed small doses of the perchloride of iron, a purgative composed of calomel and pulv. rhei comp., and ordered an alum gargle. The following day the swelling became increased and elongated, extending externally along the posterior edge of sterno-mastoid for about four inches; the swelling was also much increased internally, and the patient could with difficulty swallow even fluids. This state

of things was accompanied by muttering delirium. He then ordered two leeches to be applied over the upper and posterior part of sterno-mastoid, to be followed by *small* poultices *over* the *bites*. The following day (March 15) the swelling was much diminished, but fluctuation was distinct, and a small incision gave exit to about six ounces of pus.

Abscess of the tonsil is comparatively rare; it is still more so to find it take the course it did in this case. With reference to the treatment of such cases, Mr. P. disapproves the custom of applying *large* poultices; they increase the *area* of suppuration, often to an alarming degree. He has known a comparatively small abscess to attain the dimensions of a child's head, owing to too great zeal in poulticing.

Throughout the whole of this case there was no *rash* of any kind, although scarlatina was in the neighborhood.

Vomiting of Pregnancy cured by Hyoscyamia (*The Medical Press and Circular*, May 19, 1876).—Dr. Pitois, Professor at the Medical School at Rennes, reports two striking cases of this. After trying, unsuccessfully, all the usual means, it occurred to him to administer a teaspoonful every hour of a mixture containing 5 milligrammes of hyoscyamia in 125 grammes of fluid. The next day the vomiting ceased, did not recur, and the patient went on favorably to the natural term of her pregnancy. A second case of the same kind was cured by the same remedy. Although hyoscyamia appears to have been successful in the treatment of these two cases, its efficacy as a certain remedy for the vomiting of pregnancy is not by any means established. It is well that the drug should be used, that its true value may be estimated; but, as the vomiting is due to what may be called natural causes, permanent relief can scarcely be expected to be obtained by the use of a drug.

Formation of Epidermis by the Transplanting of Hairs (*Boston Medical and Surgical Journal*, June 1, 1876).—Dr. Schweininger reports successful results in inducing cicatrization by transplanting to granulating surfaces hairs pulled out by the roots. Placed upon ulcers, they formed as many centres of new epithelial growth, which spread outwards, coalesced, and produced rapid and complete cicatrization. These islands proceeded without doubt from the cells of the outer root-sheath, which is continuous with the epidermal cells of the rete mucosum, so that epithelium is here developed from pre-existing epithelial cells.

Convulsions in Opium-Poisoning (*Pacific Medical and Surgical Journal*, July, 1876).—Dr. Julius C. Morse reports a case in which about sixty grains of opium were taken by an adult, with the effect of producing, in addition to the ordinary symptoms of opium-poisoning, spasms of great frequency and intensity. They were allayed on the induction of emesis and the hypodermic injection of atropia. The patient recovered.

Poisoning by Oil of Red Cedar (*The Detroit Review of Medicine and Pharmacy*, July, 1876).—Dr. D. C. Holley reports the case of a woman who took half an ounce of red cedar oil—*Ol. Juniperi Virginianæ*—for the purpose of producing abortion. In a few moments she had symptoms of congestion of the brain, and soon became comatose. Violent convulsions came on, and occurred in rapid succession. Emesis was produced by sulphate of zinc, chloral and bromide of potassium were freely given, and sinapisms were applied to the feet and epigastrium. She remained comatose for twelve hours, but then regained consciousness, and made a good recovery.

Case of Cut Throat (*The American Practitioner*, August, 1876).—Dr. E. P. Easley reports the case of a man, æt. 55, who attempted suicide by cutting his throat. He severed the anterior jugular veins, superior thyroid artery, sterno-hyoid and sterno-thyroid muscles, and trachea. When seen a few hours afterwards, there had evidently been profuse hemorrhage and great shock. The second ring of the trachea was removed and a part of the first, which was partially detached from the cricoid cartilage, and the ends of the trachea were united with wire sutures, and the external wound brought together with silk. The patient reacted, and lived several weeks. The rings of the trachea were reproduced, and his principal suffering was from the dyspnœa, produced by an enormous pulmonary and tracheal secretion of thick, ropy mucus.

The remedies employed externally were water dressing, carbolic and salicylic acid; internally, opium, bromide of potash, muriate of ammonia, and tonics. The bromide was given to obtund the sensibility of the mucous membranes of the larynx and trachea, and the ammonia for the bronchitis; but neither had the slightest effect. The opium given had a marked effect in allaying the cough and checking the excessive secretions. The mucus, which had been very tenacious, and had to be detached from the tube by a pair of forceps, became diminished in quantity and changed in character, so that it could be expectorated with ease. If the opium was discontinued, the cough returned and the expectoration assumed its original character. The patient finally died of pulmonary embolism.

Case of Rupture of the Symphysis Pubis during Labor (*The Boston Medical and Surgical Journal*, July 6, 1876).—Dr. Z. B. Adams reports in full a case of which he finally gives the following recapitulation:

A primipara, medium sized, well formed, forty-two years old. Liquor amnii escaped twenty-four hours before labor began. Head for several hours, say eight, fixed in the brim. Os rigid, undilated. Presentation vertex, sec-

ond position. Bladder emptied, and forceps applied. Expulsive pains strong, and traction upon instruments in direction of axis of brim made at same time, the symphysis pubis gave way with a loud crack. Forceps did not break, nor slip, nor twist. Labor rapidly completed. Four months later the woman was alive and improving in health, although she had suffered greatly from incontinence of urine and from the laceration of the anterior wall of the bladder. The child was alive and well.

Extirpation of the Uterus with both Ovaries (*The Boston Medical and Surgical Journal*, July 13, 1876).—Dr. Gilman Kimball reports the case of a woman, æt. 36, upon whom he has successfully operated for fibro-cystic disease of the uterus and both ovaries. He describes the operation as follows. The operation was begun with the ordinary incision in the median line below the umbilicus. The abdominal walls were very thin, with but little adipose material. There then appeared in view a fleshy-looking substance of the peculiar dark-pinkish color characteristic of fibrous growth. The tumor was tapped, and a quantity of straw-colored fluid flowed freely through the canula. By this proceeding the bulk of the tumor was greatly reduced, but there still remained a considerable fulness in the lower part of the abdomen. The sac was found quite adherent to the peritoneal lining of the upper anterior portion of the abdomen. These adhesions were carefully torn away with the fingers, and the sac brought out through the incision. There was no adhesion at the point of former tapping. Upon drawing the mass up, the pelvis was found to be nearly filled with a fibrous growth which formed the lower portion of the sac, from one to three inches in thickness, and gradually fading upwards into the thin walls of the cyst. The fibrous growth was found to extend by prolongation to the uterus, and to be thoroughly blended with that organ, making one continuous substance. Both ovaries had small cysts in their substance.

As a preliminary measure the broad ligament was perforated upon the left side, to the left of the ovary, and a silk ligature was passed around it and firmly tied. The tissues between the ligature and the tumor were then divided. A considerable hemorrhage from the cut surface occurring, a temporary ligature was applied, to prevent the bleeding from the tumor. It now became possible to bring out the whole mass through the incision, and the wire écraseur was applied at a point corresponding to the external os, involving the remainder of the broad ligament and the round ligament of the left side, the upper part of the vagina, and the round and broad ligaments of the right side beyond the right ovary. The wire was tightly drawn and twisted for security, and the mass removed by the knife. The écraseur was allowed to remain, and the stump was transfixed just outside of the loop of the écraseur with a curved trocar, which was arranged to give additional security against the return of the stump into the abdominal cavity. The abraded surface of the peritoneum, where the adhesions had been torn away, was carefully wiped with a dry cotton cloth to make sure that there was no hemorrhage and that no clots were left, the wound was closed with silk sutures, and the stump cauterized with the hot iron. Care was taken throughout the operation to keep the room at a high temperature (70° to 80°), and to hold the flaps of the incision close to the tumor, that the abdominal organs might be as little exposed to the air as possible. No dressing was applied, except a folded compress of cotton cloth laid over the wound and upon the trocar and écraseur.

The operation occupied just an hour. The pulse and respiration continued natural throughout. The patient soon rallied, and made a good recovery.

Method of treating Dislocations Upwards and Backwards of the Scapular End of the Clavicle (*Richmond and Louisville Medical and Surgical Journal*, July, 1876).—Dr. Wm. H. Dougherty reports a case of dislocation of the acromial end of the clavicle successfully treated by himself, and quotes Dr. Hamilton, who says in reference to this dislocation,—

"As to the maintenance of the bone in its socket for a length of time sufficient to insure a firm union of the broken tissues, this will be found always more difficult, and in a great majority of cases absolutely impossible. Nearly all surgeons who have written upon this subject have made the same observation."

He also alludes to the fact that direct pressure upon the displaced end of the bone has been looked upon as the principal if not the only method of treatment, the chief obstacle to its retention in place being the powerful action of the trapezius. Using his case as a demonstration of the truth of his assertions, Dr. Dougherty proceeds as follows:

The true method of treatment then for this injury is to render and maintain a state of high tension of the fibres of the important muscles connecting the humerus and clavicle, making the former, for the time being, the fixed point of action. To do this, you must draw the arm forcibly downwards and backwards in close apposition with the body. Fortunately, it involves no painful restraint, no pads in the axilla, or other injurious means; simply a firm, wide strip of adhesive plaster, closely adjusted to the inequalities of the part. The side of the chest becomes a broad fulcrum to add the substantial leverage of the humerus to the direct traction already made, all of which contribute further to the immobility of the scapula, slightly rotated downward.

Mode of Application.—Provide a strip of adhesive plaster (spread on cotton flannel) five or six inches wide, and long enough to

encircle the body; then, having reduced the dislocation by the manipulation before described, invest the arm therewith from the insertion of the deltoid to near the elbow, carrying the strip backward and around the body, taking such direction on its front as the inequalities of the person may suggest. The arm thus pinioned cannot be brought forward or elevated, but the security of its position requires the application of another strip over the whole, but not looped around the arm as in the first instance; the latter need not exceed three inches in width.

MISCELLANY.

SIMULATION OF PREGNANCY IN VERY YOUNG GIRLS FOLLOWING ATTEMPTED RAPE.—We find the following, from the *Lyon Médical*, in *L' Union Médical du Canada*, May, 1876:

Dr. Bergeron has had occasion to make medico-legal examinations of three young girls, aged about thirteen years, who had recently been exposed to attempts at rape. In each, defloration was found complete, and, in addition, they offered symptoms of commencing pregnancy. The abdomen was enlarged, the breasts were swollen, with pigmentation of the areolæ. In one, the brown abdominal line was present. Finally, all had amenorrhœa, accompanied by cardialgia, and intestinal troubles. Nevertheless, the cervix uteri was small and hard, no softening. Every one supposed pregnancy to be present; but Dr. Bergeron felt authorized to contradict it provisionally. After some months, menstruation returned, and, at the same time, the other symptoms disappeared.—*St. Louis Clinical Record.*

JUDGMENT AGAINST AN APOTHECARY.—An apothecary and his clerk have recently been condemned, in Paris, to one month's imprisonment, and to pay ten dollars fine and four hundred dollars damages, for a mistake in filling a prescription. Arseniate of soda, a very violent poison, was given in mistake for phosphate of soda, and the patient's health is still seriously impaired in consequence. The excuses of the pharmacist were not accepted, because he should have kept his poisons under lock and key.—*New York Medical Record.*

THERE has recently been discovered at the Louvre the real portrait of the great anatomist André Vesale, known by the famous engraving of "The Lesson in Anatomy." It is the work of Jean Calcar, the designer of the anatomical plates of Vesale. The illustrious surgeon is represented at the age of 26, leaning on a column. On a ring on a finger of his left hand the following inscription has been made out:—"A. V. B. Andreas Vesalius Bruxelliensis," clearly establishing the authenticity of the picture.—*Medical Press and Circular.*

NOTES AND QUERIES.

TALLAHASSEE, FLA., Aug. 7, 1876.

TO THE EDITOR OF THE MEDICAL TIMES:

DEAR SIR,—In looking over the editorial entitled "Progress in the University," in an April number of the *Times*, I am reminded of a custom still clinging to our venerable Alma Mater in defiance of justice and good sense. This is the time-honored though short-sighted practice of awarding the highest honors at commencements to the authors of best theses, and making no distinction between the examinations of the most finished scholar and of the merest dullard of the class. This is eminently short-sighted and productive of a mediocrity in the class as practitioners, by discouraging the hard-working student, who has the means at his command of becoming *thorough* in his profession, though not of evolving something *new*. The custom practically confines all distinction to those only who are enabled to enjoy a prolonged residence at the seat of learning, with unrestricted access to laboratories, assisted by numerous instructors in hashing and re-hashing the literature of their subjects, and to those dishonorable enough to have their essays written for them.

And these men, who have either spent their time on one subject to the exclusion of others, probably more practical, or have lounged through the session in billiard-saloons and bar-rooms, are presented to the applauding public as model physicians, while the poor, jaded student, who recognizes the necessity of mastering the learning of his predecessors before attempting creations of his own, is left to bite his lips in the ranks.

Why should we look for a reason for the lowered status of the profession, when some of the men who receive honorable mention at our commencements are most incompetent practitioners, and even arrant ignoramuses? I speak advisedly, for I can point out instances of this deplorable state of things that occurred not many months from the present writing; men who appeared to know only "catch questions" in anatomy and most of the other branches, and were sublimely ignorant of materia medica, were mentioned with honor at a public commencement, thus leaving an erroneous impression of their abilities on the minds of the audience present, as well as upon those of the public in general, when the announcement was reproduced on the following morning in the daily papers.

In view of such grave injustice, with its manifest ill effects, flowing from the present mode of distributing honors in our large medical colleges, it appears to your correspondent that a change in this respect is most desirable, and would be of lasting benefit to the profession. To combat the ever-increasing evils of quackery and exclusivism a high standard of practical knowledge and skill is required in our young graduates, and as a reward for its attainment the first honors and prizes should be bestowed, while those for theses should be but secondary in their character.

I am, with respect, yours very truly,
GEORGE B. MASSEY, M.D.

DR. JOHN B. ROBERTS is very desirous of obtaining notes of all cases of paracentesis of the pericardium.

Address
"PENNSYLVANIA HOSPITAL."

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM AUGUST 13, 1876, TO AUGUST 26, 1876, INCLUSIVE.

ALEXANDER, C. T., SURGEON.—Granted leave of absence for twenty days. S. O. 173, A. G. O., August 22, 1876.

WHITE, C. B., SURGEON.—Granted leave of absence for twenty days. S. O. 174, A. G. O., August 23, 1876.

HAPPERSETT, J. C. G., SURGEON.—Assigned to duty as Post Surgeon at Fort Hamilton, N. Y. H. S. O. 157, Division of the Atlantic, August 16, 1876.

DE HANNE, J. V., ASSISTANT-SURGEON.—Leave of absence extended twenty days. S. O. 158, Division of the Atlantic, August 17, 1876.

PRICE, C. E., ASSISTANT-SURGEON.—To accompany battalion of Fourth Artillery to Cheyenne, Wyoming Territory, S. O. 111, Division of the Pacific, August 11, 1876, and to continue on duty with that command. S. O. 115, Division of the Pacific, August 17, 1876.

HOFF, A. H., ASSISTANT-SURGEON.—Died at Germantown, Pa., August 19, 1876.

PHILADELPHIA

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